



PAROTIDECTOMY

The parotid gland is the largest of the major glands that produce saliva. The parotid glands rest along the sides of the face and upper neck giving this area its fullness and shape. Surgical removal of a portion or all of the parotid gland is generally performed to remove tumors, but may also be done for recurrent infections or stones obstructing salivary outflow from the gland.

REASONS FOR SURGERY- How is the decision made?

Removal of the parotid gland is a decision to be made between the surgeon and the patient or family. The gland may be removed in part (superficial parotidectomy), or in whole (complete parotidectomy). Generally, removal is recommended when one or more of the following symptoms or findings are noted:

- Masses within the salivary gland
- Recurrent infection of the gland
- Cancers of the skin and surrounding tissues that may spread to lymph nodes within the gland
- Other problems as discussed with your doctor

SURGICAL TREATMENT- What are the Risks, Alternatives, Potential Complications, and Benefits?

- **Risks-** The risks from parotidectomy include injury to the nerve of facial movement resulting in temporary facial weakness, temporary or permanent numbness of the earlobe and upper neck, an unfavorable scar, sweating of the skin over the excised gland with eating, and bleeding or infection at the surgical site. There is also a small risk of complications from anesthesia. If surgery is performed for cancerous lesions additional treatment with radiation or chemotherapy may be needed. In some cases of cancer the nerve of facial movement may need to be removed which may require additional surgical procedures to protect the eye or restore facial movement. Injury to the ear canal, jaw, other nerves, or muscles of the neck is possible but uncommon.
- **Alternatives-** Non-cancerous tumors of the parotid gland may be observed, and some cancerous lesions may be treated with radiation or treatment other than surgery. Sometimes a decision to not have treatment can have serious consequences that you should discuss with your doctor.
- **Complications-** The most severe complication is complete loss of function of the facial nerve resulting in an inability to close the eye. This can result in injury to the eye resulting in blindness if the eye is not protected. Severe bleeding resulting in the need for a blood transfusion or death is very uncommon. **Notify your doctor immediately if rapid swelling or bleeding at the surgery site is noted after surgery.**
- **Benefits-** Most parotid surgery is without complications and with a good cosmetic outcome. Success in relieving most conditions is excellent.

RECOVERY- What should I expect?

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Recovery generally lasts 1-2 weeks. Expect to spend at least the first night in the hospital and for a drain to remove fluid from under the incision to be placed. Most people can go home the next day after surgery when the drain output decreases. Some weakness of the lower lip is very common and will usually resolve after a few weeks to months. Numbness of the earlobe is also very common and usually improves after several months, but may not completely go away. Once you have gone home, common events in the recovery period and expectations of what is normal are listed below. Call your doctor if you have any questions or concerns that are not answered here.

- **Pain-** Pain is an expected part of recovery after surgery. Pain may be noted at the incision, or with swallowing or speaking. This is treated with oral pain medications. Over the counter medications such as Tylenol®, Aspirin®, Advil®, Motrin®, Aleve®, and ibuprofen are generally adequate for relief of pain. Take only the medication prescribed by your doctor. If pain worsens or is not relieved by the pain medication taken as prescribed, call your doctor.
- **Swelling or bleeding at the incision site-** This is not normal. If you notice this, please call your doctor immediately.
- **Dryness of the eye, watering, or pain-** This is not normal after surgery and may be a sign that the eye is not closing fully causing the eye to become irritated. Notify your doctor if eye symptoms are noted after surgery.
- **Sweating of the cheek when eating-** This can be a normal problem after surgery of the parotid gland. It occurs if the nerves that stimulate the flow of saliva grow out into the skin to the sweat glands. Most people do not find this too bothersome, but if you experience this and find it bothersome, ask your doctor for advice in dealing with this problem.
- **Nausea and vomiting-** These are usually due to the effects of anesthesia and should subside in the first day or two. If they continue, are related to taking the pain medication, or contain blood, notify your doctor.
- **Fever-** A low grade temperature of less than 102° F for a few days after surgery is normal. Notify your doctor for fever above this, or one that persists for greater than 3 days.
- **Eating and drinking-** You may resume your regular diet after surgery.
- **Activity-** It is recommended that heavy lifting, exertion, and other strenuous activity be avoided for one to two weeks after surgery. Do not drive or operate machinery while on pain medication.
- **MEDICATIONS-** Ask your doctor about resuming your home medications. Do not take herbal medications without asking your doctor as these often have blood thinning properties which can increase the risk of bleeding

CONTINUING CARE- What additional care do I need?

After you are discharged from the hospital, your doctor will see you for follow-up evaluation in approximately two weeks after surgery unless another time has been arranged. Call the office if an appointment has not been previously scheduled. You will likely be seen for several visits to ensure that healing is progressing well and that no complications have been encountered. Depending on the reason that surgery was performed, continuing follow-up or other treatment may be needed.

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